

Configuration Name: _____

INSTRUCTIONS
Summary Sheet of Components
For Proposed Configuration

Instructions – Authors with Assistance of Facilitator Complete *FORM 2* for Each Proposed Configuration. **Bold items required.**

It may be easier to complete this form after the Authors have drawn an initial configuration on a map.

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Configuration Name (from *FORM 1*): _____

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Provide Name and Circle Primary Function(s) of Each Component of Proposed Configuration (a component can have more than one primary function):

- | | |
|-----------|----------------------------------|
| 1. _____ | Storage / Treatment / Conveyance |
| 2. _____ | Storage / Treatment / Conveyance |
| 3. _____ | Storage / Treatment / Conveyance |
| 4. _____ | Storage / Treatment / Conveyance |
| 5. _____ | Storage / Treatment / Conveyance |
| 6. _____ | Storage / Treatment / Conveyance |
| 7. _____ | Storage / Treatment / Conveyance |
| 8. _____ | Storage / Treatment / Conveyance |
| 9. _____ | Storage / Treatment / Conveyance |
| 10. _____ | Storage / Treatment / Conveyance |
| 11. _____ | Storage / Treatment / Conveyance |
| 12. _____ | Storage / Treatment / Conveyance |

Establish a Unique and Descriptive Name for each component within the proposed configuration. This name and the corresponding number will be used throughout the evaluation phase for this Configuration. The primary function of a component is based on the desires of the Authors. Typically, a reservoir stores water although it may provide some treatment – a reservoir typically is just considered a storage component. Similarly, a Stormwater Treatment Area is considered a treatment component although it does provide some storage. However, a flowway may be considered a storage, treatment, and conveyance feature and the Authors want all three functions to be primary functions. Also, ask the Authors to add these component numbers to the map they are drawing on to assist in verifying the location of each component.

A separate FORM 3 will be completed for EACH Storage Component listed above. A separate FORM 4 will be completed for EACH Treatment Component

Configuration Name: _____

General Description of How Water Flows Through the Proposed Configuration: _____

[illegible]

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